

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

211 W. Fort Street  
17th Floor  
Detroit, MI 48226

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Flint, MI 48502

**Order Party: Name, Address and Telephone Number**

Name Syncora Guarantee & Syncora Capital Assurance

Firm Kirkland & Ellis LLP

Address 300 N. LaSalle

City, State, Zip Chicago, IL 60654

Phone 312.862.2200

Email lally.gartel@kirkland.com

**Case/Debtor Name:** City of Detroit, MI

**Case Number:** 13-53846

**Chapter:** 9

**Hearing Judge** Hon. Steven Rhodes

☒ **Bankruptcy** ☐ **Adversary**

☐ **Appeal** **Appeal No:** \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** 09/04/2014 **Time of Hearing:** 8:30 a.m. **Title of Hearing:** Plan Confirmation

Please specify portion of hearing requested: ☒ **Original/Unredacted** ☐ **Redacted** ☐ **Copy (2<sup>nd</sup> Party)**

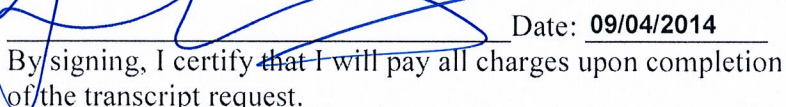
☒ **Entire Hearing** ☐ **Ruling/Opinion of Judge** ☐ **Testimony of Witness** ☐ **Other**

**Special Instructions:** \_\_\_\_\_

**Type of Request:**

- ☒ Ordinary Transcript - \$3.65 per page (30 calendar days)  
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**Signature of Ordering Party:**

 **Date:** 09/04/2014  
By signing, I certify that I will pay all charges upon completion  
of the transcript request.

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Transcript To Be Prepared By \_\_\_\_\_

\_\_\_\_\_  
Date By

Order Received: \_\_\_\_\_

Transcript Ordered \_\_\_\_\_

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